

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012268

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 30

FILED MAR 29 1963

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>		c. CITY OR TOWN <u>Lexington</u>	
Length of stay in 1b <u>Years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>S. 5th. St.</u>		d. STREET ADDRESS (If outside, give location) <u>S. 5th. St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>D.</u> Last <u>CAHILL</u>		4. DATE OF DEATH Month <u>March</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-26-1898</u>
9. AGE (last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months <u>70</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pressman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Printing</u>	
11. BIRTHPLACE (City and state or country) <u>Lexington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Michael Cahill</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fitzgerald</u>	
14. NAME OF HUSBAND OR WIFE <u>Monica Cahill</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.I</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Michael Cahill</u> Address <u>Kansas City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>he was found dead in his room</u> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last: <u>Believed to have died of natural causes as reported to me by the Sheriff - Also -</u> DUE TO (b) <u>he said this man was heavy drinker &amp; was dead</u> DUE TO (c) <u>the evening neighbors said he had been drinking</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>he said this man was heavy drinker &amp; was dead</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. TIME OF INJURY Hour <u>12 noon</u> Month, Day, Year <u>3-17-63</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>alcohol</u>	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20d. CITY, TOWN, OR LOCATION <u>Lexington, Mo.</u>	
21. I attended the deceased from <u>noon</u> to <u>3-17-63</u> and last saw her/him alive on <u>noon</u> Death occurred at <u>12 noon</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Wm E Eastworth, Registrar</u>	
22b. ADDRESS <u>Lexington, Mo.</u>		22c. DATE SIGNED <u>3-18-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-19-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		23d. LOCATION (City, town, or county) <u>Lexington Mo.</u>	
24. FUNERAL DIRECTOR <u>Vaughn-Walker</u> Address <u>Lexington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-18-63</u>	
26. REGISTRAR'S SIGNATURE <u>Wm E Eastworth</u>			

USE BLACK INK

OR TYPEWRITER RIBBON

MAR 29 1962

APR 26 1963

JUL 16 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Paul H. Wilson*

Licensed Embalmer No. 5192

P. O. Address Lexington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.